## **DIABETES FLOW SHEET**

Name: I.D. No: **D.O.B**: Date: **Basic Guidelines for Diabetes Care** Review Self Blood Glucose Results (every visit) Blood Pressure (every visit) Target: Weight (every visit) Target: Foot Exam (every visit) HbA1c (every 3 months) Lab Range: Target: Dental Exam (twice per year) Microalbuminuria/albumin/creatinine ratio (every yr. if urine protein negative) Dilated Eye Exam (every yr) Cholesterol (every yr) / Triglycerides (every yr) Target: HDL (every yr) / LDL (every yr) Target: Influenza(every yr) / Pneumo. Vac (as recommended by CDC) Patient Diabetes Health Record Review (Pocket Card) **Self-Management Training** Behavioral Issues / Depression Smoking Cessation Self Glucose Monitoring / Problem-Solving Skills Nutrition / Weight Management Physical Activity Sick Day Management Hypo/Hyperglycemia Foot Care **General Care** Periodic H&P / Pap or Prostate Exam Mammogram / Chest X-Ray Stool for Occult Blood or Flex Sigmoidoscopy PPD / Tetanus EKG

To be used in conjunction with The Basic Guidelines for Diabetes Care. Developed by the California Diabetes Control Program and the Diabetes Coalition of California. Available from the California Department of Health Services, Diabetes Control Program. Phone: (916) 445-2547 or Fax: (916) 324-7764. (1999)

Medication Adherence: Adequate / Inadequate